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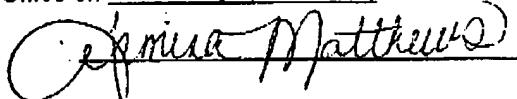
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TO: Examiner Gregory R. Del Cotto—United States Patent and Trademark Office

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Number of Pages Including this Page: 16

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|--|------------------------------|
| 1) Fee Transmittal (1 page)                              | Inventor(s): Broeckx, et al. |
| 2) Amendment and Reply Under 37 CFR 1.111<br>(7 pages)   | S.N.: 09/890,677             |
| 3) Terminal Disclaimer (2 pages)                         | Filed: August 3, 2001        |
| 4) Recordation of Assignment for 09/890,677 (5<br>pages) | Case: 7419                   |

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| <b>FEE TRANSMITTAL<br/>for FY 2004</b><br><small>Patent fees are subject to annual revision.</small> |  | Complete if Known    |                             |
|  |  | Application Number   | 09/890,677                  |
|  |  | Confirmation Number  | 6597                        |
|  |  | Filing Date          | August 3, 2001              |
|  |  | First Named Inventor | Walter August Maria Broeckx |
|  |  | Examiner Name        | Gregory R. Del Cotto        |
|  |  | Art Unit             | 1751                        |
| TOTAL AMOUNT OF PAYMENT (\$)<br><b>110.00</b>  |  | Attorney Docket No.  | 7419                        |

| METHOD OF PAYMENT   |   |   | FEE CALCULATION (continued)   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
|---|---|---|---|-----------------|-----------|-----------------|------------------------|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--|--------------------------|--------------------------|---------------------------|----------------------------|--------------------------|---|--------------------------|----------|---|---|------|--|---|------|--|--------------------------|---|--|--------------------------|------|--|--------------------------|--------------------------------------|--|---|------|--|--------------------------|--|--------------------------|--------------------------|------|--|--------------------------|------|--------------------------|--------------------------|------|---|--------------------------|------|----------------------------------|--------------------------|------|------------------------------------|--------------------------|------|--------------------------------|--------------------------|------|------------------|--------------------------|------|-------------------------------|--------------------------|------|--|--------------------------|------|--|--------------------------|------|--|--------------------------|------|--|--------------------------|------|---|--------------------------|------|---|--------------------------|------|---|--------------------------|---|--|--|-------------------------------------|---------------------------|--|--|--------------------------|--------------|-----------------------|-----------------------------------|--|------------------------------------|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480<br/>Deposit Account Name: The Procter &amp; Gamble Company</p>   |   |   | <p>3. ADDITIONAL FEES</p> <table> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>Surcharge-late filing fee or oath</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1052</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1063</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>For filing a request for ex parte reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>Requesting publication of SIR prior to Examiner's action <input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>Requesting publication of SIR after Examiner's action <input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1266</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>Filing a submission after final rejection<br/>(37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 355 (e) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) <u>Terminal Disclaimer - \$110.00</u></td><td><input checked="" type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td>SUBTOTAL (1)</td> <td>(\$)<br/><b>110.00</b></td> <td colspan="2">SUBTOTAL(3) (\$)<br/><b>110.00</b></td> </tr> <tr> <td colspan="4">* Reduced by Basic Filing Fee Paid</td> <td></td> </tr> </tbody> </table> |                 | Code (\$) | Fee Description | Fee Paid               | 1051                     | Surcharge-late filing fee or oath | <input checked="" type="checkbox"/> | 1052                     | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1063                     | Non-English specification | <input type="checkbox"/>   | 1812                     | For filing a request for ex parte reexamination | <input type="checkbox"/> | 1804     | Requesting publication of SIR prior to Examiner's action <input type="checkbox"/> | <input type="checkbox"/>  | 1805 | Requesting publication of SIR after Examiner's action <input type="checkbox"/> | <input type="checkbox"/>  | 1251 | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252  | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254                                 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/>                  | 1266 | Extension for reply within 5 <sup>th</sup> month     | <input type="checkbox"/> | 1401   | Notice of Appeal         | <input type="checkbox"/> | 1402 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | Request for oral hearing | <input type="checkbox"/> | 1451 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | Design issue fee | <input type="checkbox"/> | 1460 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | Filing a submission after final rejection<br>(37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 355 (e) or (c) | <input type="checkbox"/> | Other fee (specify) <u>Terminal Disclaimer - 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| Code (\$)   | Fee Description   | Fee Paid  |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1051  | Surcharge-late filing fee or oath   | <input checked="" type="checkbox"/>                 |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1052  | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1063  | Non-English specification   | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1812  | For filing a request for ex parte reexamination   | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1804  | Requesting publication of SIR prior to Examiner's action <input type="checkbox"/>                               | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1805  | Requesting publication of SIR after Examiner's action <input type="checkbox"/>                                  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1251  | Extension for reply within 1 <sup>st</sup> month  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1252  | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1253  | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1254  | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1266  | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1401  | Notice of Appeal  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1402  | Filing a brief in support of an appeal  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1403  | Request for oral hearing  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1451  | Petition to institute a public use proceeding   | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1452  | Petition to revive - unavoidable  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1453  | Petition to revive - unintentional  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1501  | Utility issue fee (or reissue)  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1502  | Design issue fee  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1460  | Petitions to the Commissioner   | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1807  | Processing fee under 37 C.F.R. 1.17(q)  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1806  | Submission of Information Disclosure Statement  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1809  | Filing a submission after final rejection<br>(37 CFR § 1.129(a))  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1810  | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1801  | Request for Continued Examination (RCE)   | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1802  | Request for expedited examination of a design application   | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1454  | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 355 (e) or (c)       | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| Other fee (specify) <u>Terminal Disclaimer - \$110.00</u>   |   |   | <input checked="" type="checkbox"/>   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| Other fee (specify) _____   |   |   | <input type="checkbox"/>  |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| SUBTOTAL (1)  | (\$)<br><b>110.00</b>   | SUBTOTAL(3) (\$)<br><b>110.00</b>                   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| * Reduced by Basic Filing Fee Paid  |   |   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| <p>1. BASIC FILING FEE – Large Entity</p> <table> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770 Utility filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1002</td><td>340 Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>770 Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160 Provisional filing fee</td><td><input type="checkbox"/></td></tr> </tbody> </table> <p>SUBTOTAL (1) (\$)<br/><b>110.00</b></p> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</p> <table> <thead> <tr> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td><input type="checkbox"/> - 20* = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td><td></td></tr> <tr><td>Independent Claims</td><td><input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td><td></td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/> = <input type="checkbox"/></td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18 Claims in excess of 20</td></tr> <tr><td>1201</td><td>86 Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290 Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86 **Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18 **Reissue claims in excess of 20 &amp; over original patent</td></tr> </tbody> </table> <p>SUBTOTAL (2) (\$)<br/><b>110.00</b></p> |   |   | Code (\$)   | Fee Description | Fee Paid  | 1001            | 770 Utility filing fee | <input type="checkbox"/> | 1002                              | 340 Design filing fee               | <input type="checkbox"/> | 1004   | 770 Reissue filing fee   | <input type="checkbox"/> | 1005                      | 160 Provisional filing fee | <input type="checkbox"/> | Extra Claims                                    | Fee from Below           | Fee Paid | Total Claims  | <input type="checkbox"/> - 20* = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> |      | Independent Claims   | <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> |      | Multiple Dependent                               |                          | <input type="checkbox"/> = <input type="checkbox"/> | Code (\$)  | Fee Description          | 1202 | 18 Claims in excess of 20                        | 1201                     | 86 Independent claims in excess of 3 | 1203   | 290 Multiple dependent claim, if not paid | 1204 | 86 **Reissue independent claims over original patent | 1205                     | 18 **Reissue claims in excess of 20 & over original patent | Complete (if applicable) |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| Code (\$)   | Fee Description   | Fee Paid  |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1001  | 770 Utility filing fee  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1002  | 340 Design filing fee   | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1004  | 770 Reissue filing fee  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1005  | 160 Provisional filing fee  | <input type="checkbox"/>                            |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| Extra Claims  | Fee from Below  | Fee Paid  |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| Total Claims  | <input type="checkbox"/> - 20* = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> |   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| Independent Claims  | <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> |   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| Multiple Dependent  |   | <input type="checkbox"/> = <input type="checkbox"/> |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| Code (\$)   | Fee Description   |   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1202  | 18 Claims in excess of 20   |   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1201  | 86 Independent claims in excess of 3  |   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1203  | 290 Multiple dependent claim, if not paid   |   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1204  | 86 **Reissue independent claims over original patent  |   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |
| 1205  | 18 **Reissue claims in excess of 20 & over original patent  |   |   |                 |           |                 |                        |                          |                                   |                                     |                          |  |                          |                          |                           |                            |                          |   |                          |          |   |   |      |  |   |      |  |                          |   |  |                          |      |  |                          |                                      |  |   |      |  |                          |  |                          |                          |      |  |                          |      |                          |                          |      |   |                          |      |                                  |                          |      |                                    |                          |      |                                |                          |      |                  |                          |      |                               |                          |      |  |                          |      |  |                          |      |  |                          |      |  |                          |      |   |                          |      |   |                          |      |   |                          |   |  |  |                                     |                           |  |  |                          |              |                       |                                   |  |                                    |  |  |  |  |

|                   |   |                                      |        |                          |
|-------------------|---|--------------------------------------|--------|--------------------------|
| SUBMITTED BY      |   |                                      |        | Complete (if applicable) |
| Name (Print/Type) | Armina E. Matthews  | Registration No.<br>(Attorney/Agent) | 43,780 | Telephone (513) 627-4210 |
| Signature         |  |                                      | Date   | February 3, 2004         |

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Appl. No. 09/890,677  
 Atty. Docket No. 7419  
 Amdt. dated: 02/03/04  
 Amendment & Reply to the Office Action dated 10/03/03

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 February 3, 2004

|                    |                     |
|--------------------|---------------------|
| Amelia B. Matthews | 43786               |
| Name of Attorney   | Registration Number |

Signature of Attorney

Case 7419

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## In the Application of:

Walter August Maria Brocckx, et al. : Confirmation No. 6597  
 Application No. 09/890,677 : Group Art Unit: 1751  
 Filed: August 3, 2001 : Examiner: Gregory R. DelCotto

For: LOW DENSITY PARTICULATE SOLIDS USEFUL IN LAUNDRY DETERGENTS

AMENDMENT AND REPLY UNDER 37 CFR §1.111

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY REMARKS

In response to the Office Action of October 3, 2003, please amend the above-identified application as follows, consider the following remarks and reconsider the application. Submitted herewith is a Petition for a one-month extension of time.

Please amend the above-identified application as follows:

*Amendments to the Specification* begin on page 2 of this paper.

*Amendments to the Claims* begin on page 3 of this paper.

*Remarks* begin on page 5 of this paper.